

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
Community Nutrition Programs
Child and Adult Care Food Program

Sponsoring Organization Review
CACFP Site
(Adult Day Care Centers)

☐ Unannounced ☐ Announced

1. Name of Sponsoring Organization _____ Agreement No. _____
2. Date of Review _____ **Meal Service Observed** _____
Arrival time _____ Departure time _____
3. Facility Name _____
Address _____ Phone _____
Current license or alternate approval is available for review _____
4. Name of Supervisor _____
5. Name of person interviewed at site _____
6. Are the following food preparation and/or holding and serving facilities properly maintained in accordance with DHS sanitation and safety requirements?

	Yes	No	Comments
a. Kitchen storage and counters are clean.			
b. Refrigerator clean and maintained at a temperature of $\leq 40^{\circ}\text{F}$.			
c. Freezer clean, defrosted and maintained at a temperature of $\leq 0^{\circ}\text{F}$.			
d. Dishwashing and sanitizing procedures followed, as required by DHS.			
e. Foods maintained at proper temperatures ($\leq 40^{\circ}\text{F}$ or $\geq 150^{\circ}\text{F}$)			
f. Garbage and waste are covered and removed daily.			
g. Food handling procedures meet all sanitation requirements..			
h. Food is properly stored in the refrigeration/freezer units and in dry areas. All open reusable food is labeled, dated and properly stored in reusable containers.			
i. Food is stored at least 6" off floor.			
j. Storage areas are secure from theft.			
k. Cleaning supplies and other toxic materials are safely stored out of the reach and away from food.			
l. Vended Meals or meals delivered from central kitchens: foods received at proper temps ($\leq 40^{\circ}\text{F}$ $\geq 150^{\circ}\text{F}$).			

7. Menu Planning and Production Records

a. Menus are planned by _____

	Yes	No	Comments
b. Dated menus with recorded substitutes are retained on file for all meals claimed for reimbursement.			
c. Menus meet CACFP requirements for each meal type.			
d. The quantity of food prepared or ordered is based upon current participation figures.			
e. Self preparation sites: a daily record (production record) of the quantity of food prepared for each meal is correctly maintained to assure portion size requirements are met.			
f. Self preparation sites: CN labeled products are purchased or comparable information from manufacturer is obtained and used for commercially purchased combination items prior to being served on the menu.			
g. Vended meals: Vendors maintain a daily record of amount of food delivered which adequately verifies compliance with portion size requirements.			
h. Vended meals: Vendors provide copies of CN label information or comparable information from manufacturers for commercially purchased combination food items.			

8. Meal Service

a. For the meal observed, record the foods served and the quantity prepared or delivered.

Component	Foods Used	Quantity Prepared/Delivered
Milk		
Meat/Meat Alternate		
Fruit and/or Vegetable		
Grain/Bread		
Additional Food		

b. Number of meals served for observed meal

Number of reimbursable meals served to eligible adult participants	
Number of meals served to ineligible adult participants	
Number of meals served to program staff	
Number of meals served to non-program staff	
Total meals served	

c. Was the quantity of food prepared sufficient for the number of people served? ☐ Yes ☐ No

If "No", list the components served in insufficient quantities and describe technical assistance provided.

d. The menu documentation corresponds to the meal observed. ☐ Yes ☐ No If "No", explain.

e. Is the physical count of adults participating in meal service documented on the daily meal participation record either during meal service or immediately following? ☐ Yes ☐ No

f. Are written dietary instructions from the health care provider on file and followed for adult participants who cannot be offered all required components, i.e. milk or two bread/grain servings (breakfast, lunch, and supper meals)? ☐ Yes ☐ No

- g. Are all adult participants properly offered all required components? ☐ Yes ☐ No
- h. If serving meals by the "offer vs serve" method, are the adult participants capable of selecting food items according to their Individual Plan of Care and in compliance with USDA's allowance on the number of servings that may be declined per meal? ☐ Yes ☐ No If, no. Explain.
- i. Is staff implementing the "offer vs serve" method in compliance with USDA's allowance on the number of servings that may be declined per meal? ☐ Yes ☐ No

- j. List the meal counts for eligible adults for the meal type observed or, if no meal is observed, closest meal to the time on the day of the review for each of the 5 preceding serving days. Meal type: _____

Date	# of Meals Counted

- k. Do the meal counts for the prior five days appear reasonable when compared to today's meal count of eligible adults? ☐ Yes ☐ No if no, explain.
- l. Do the meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance records of eligible adults for the corresponding days? ☐ Yes ☐ No

if no, obtain and record an explanation:

9. Are the following records being properly maintained by the staff according to the agency's policies and procedures?:

	Yes	No	Comments
a. Adult participant files (individual plans of care)			
b. Daily attendance records			
c. Household Size-Income Statements			
d. Household-Size Income Record updated monthly			
e. Participation counts for each meal service, recorded during or immediately after the meal			
f. Dated menus/production records with documented substitutes for all meals claimed.			
G. Invoices/receipts for purchases for food service			

10. Are the following Civil Rights requirements met:

	Yes	No	Comments
a. "And Justice For All" Poster is on display			
b. Racial/Ethnic Data collected annually			

11. Did new staff receive adequate training on CACFP requirements prior to being held responsible for CACFP duties? ☐ Yes Give date: _____ ☐ No if no, when will training be provided

12. Did staff attend sponsor training for the CACFP within the last year?

☐ Yes Give date: _____ ☐ No if no, when will training be provided.

13. Was effective action achieved for all problem(s) noted during the last review?

☐ Yes Give date _____

☐ No If no, when will corrective action be completed?

14. Corrective action required:

**Problems Found
During Review**

**Corrective Action Plan
To Be Followed**

Corrective Action To Be Completed By (DATE):

Date and method of follow-up completed to verify that corrective action was implemented:

Signature of Sponsoring Organization Representative	Date
Signature of Facility Representative	Date